

Associated Humane Societies
124 Evergreen Avenue
Newark, New Jersey 07114
(973) 824-7080
(973)-824-2720 Fax
AssociatedHumane@aol.com

Associated Humane Societies
2960 Shafto Road
Tinton Falls, NJ 07083
(732) 922-0100
(732) 922-4032
tintonfallsahs@aol.com

Associated Humane Societies
Humane Way & Lacey Rd
Forked River, NJ 08731
(609) 693-1900
(609) 693-8404
njhumane@aol.com

OFFICE USE
Homeowner _____
Vet Records _____
Other _____

www.ahscares.org

ASSOCIATED HUMANE SOCIETIES' ADOPTION APPLICATION

The Society reserves the right to refuse any adoption.

Please fill out front and back of this application for DOG ADOPTION

Date _____ Name/File # of Animal _____

2nd Choice Name/File # _____

Applicant Name (First) _____ (Last) _____

Date of Birth _____ Home Address _____

City: _____ State: _____ Zip Code _____

Home Phone (____) _____ Best Time to Call: _____

Cell Phone (____) _____ Email Address: _____

Business Phone (____) _____ Driver's License# _____

Would you like to stay up to date on adoptable pets, adoptions, rescue stories and upcoming events by joining our mailing list? Yes No Email Postal Mail

Answers to the following questions will help us select an appropriate pet best suited to your interest and lifestyle.

Who will be primarily responsible for the pet? Self Spouse Children Other

Breed Desired _____ Age Adult/over 12 mos Puppy 2-4 mos 4-8mos 8-12 mos

How many children are at home/Visit Often? _____ Ages: _____, _____, _____, _____, _____, _____

Do you: Own a home Rent a house or apt? Live w/parents? Other _____

How long at current address? _____ How long at previous address? _____

Type of home (Ex: apartment, condo, ranch, mobile home, farm, etc) _____

Landlord's Name: _____ Phone # _____

Are you interested in (√all that apply) Indoor Dog Outside Dog Dog for Breeding Watch Dog

Pet for Business Gift For Whom? _____

How many hours will your dog be left alone each day? _____

Where will he/she be kept when you are not at home? _____

How many hours a day will he/she be inside? _____ Outside? _____

Do you have a yard? Yes No Is it fenced? Yes No How high is fence? _____

Where will he/she be kept when outside? Tied In a run In fenced yard? Other _____

Do you have a dog house? Yes No

How would you respond to your new dog showing destructive behavior in the house? (ex: clawing or chewing on furniture, going to the bathroom indoors):

How will you provide care for your dog while you are away on business or vacation? _____

If you become unable to care for your dog, who will assume his/her care? Name: _____ Ph: _____

Have you owned dogs in the past? Yes No What kind? _____

Where did you get them? _____

How many pets have you owned in the last 5 years? # of dogs _____ # of cats _____

What happened to them? Lost Given Away Sold Died Other _____

Have you adopted from AHS before? Yes No If yes, when? _____

Have you ever turned a pet into AHS? Yes No If so, was the pet yours? Yes No Stray Other

How many pets are currently living in your home? _____ None

Dogs (please list) Name: _____ Age _____ Neutered _____ Current on shots Yes No

Name: _____ Age _____ Neutered _____ Current on shots Yes No

Name: _____ Age _____ Neutered _____ Current on shots Yes No

Name: _____ Age _____ Neutered _____ Current on shots Yes No

Cats (please list) Name: _____ Age _____ Neutered _____ Current on shots Yes No

Name: _____ Age _____ Neutered _____ Current on shots Yes No

Name: _____ Age _____ Neutered _____ Current on shots Yes No

Name: _____ Age _____ Neutered _____ Current on shots Yes No

Other Pets: What kind? _____

Have any of your pets had medical problems in the past month? _____

If yes, explain: _____

Name of your veterinarian/vet hospital _____

Address _____ Phone _____

What do you believe is a reasonable schedule for vet visits? _____

Does anyone in the family have allergies? Yes No

Are you planning to spay/neuter your adopted pet? Yes No Undecided

How did you hear about us? Prev. Adopter Humane News Petfinder Facebook Website Friend

Other: _____

****Please provide a secondary contact for your new pet's microchip:** Name _____

Phone# _____

****Staff Notes/Veterinary Reference****

By signing this application, I certify that I have answered all questions truthfully and that I accept the terms of the Adoption Agreement given to me, and I understand all statements and stipulations provided by the Associated Humane Societies

Signature: _____

Date: _____

THE ASSOCIATED HUMANE SOCIETIES ADOPTION POLICY

Please read carefully before signing.

Approval for adoption will be determined by the information provided by the application through an Adoption Application, interview and by the judgment of the shelter management.

The Society reserves the right to refuse any adoption.

1. All pets must be spayed or neutered before leaving the shelter. This may result in a minimum period of a few days after approval of the adoption application. There may also be a temporary exemption of altering due to age, illness, etc. In the event there is an exemption, a spay/neuter refundable deposit is required at the time of adoption.
2. Unwanted animals adopted from the Society must be surrendered back to the Society. Adopters will be given credit for the value of the animal that is good for one year. No refunds of adoption fees are given.
3. No animals will be adopted to applicants who provide false or misleading information on an adoption application.
4. All applicants must be 21 years or older.
5. Persons living in transient situations are not permitted to adopt an animal (i.e. college student living on campus or at a fraternity house, rented rooms, etc., living on a military base.)
6. No one under the influence of alcohol or drugs will be permitted to adopt an animal.
7. Persons living in rented or leased housing must have permission of the landlord, rental agent, etc., to have pets on the premises. This will be verified by staff through various means.
8. No animals will be adopted to prospective owners who have a history of giving away or selling animals, losing animals, animals hit by cars, lack of history of veterinary care for previously owned animals.
9. Agreement is made with the Society to provide all humane care, proper food, water, routine veterinary care and proper shelter.
10. No animals will be adopted out for profit making enterprises, commercial purposes, excluding humanitarian groups.
11. Adopters must comply with all licensing requirements & other laws set forth by the community in which they live, including leash laws.
12. No Society animals are to be adopted to be given as gifts or "pets for the children". Pet ownership is exclusively the responsibility of the adult person adopting the animal.
13. All animals must be provided with appropriate food, shelter and veterinary care for the type and age of animal adopted.
14. No animal adopted from the Society may be used, sold or given away for the purpose of experimentation, research or vivisection.
15. The Society provides as much information regarding each animal and its care as we have been given. If the animal was previously owned, the information provided to us by the owner may or may not be correct. If the animal is a stray, the information is provided by observation of the animal during its stay with us or by a temperament evaluator. The adopted animal may behave differently in a new home than was previously reported or observed-especially if there are young children or other animals in the household.
16. As the new owner, I agree to let representatives enter my premises to check conditions. If the animal is outside on the premises and there is a breach in the conditions of this contract, I will allow you to take repossession of the animal if the representative is not satisfied with the manner in which the animal is kept.
17. The Society has a medical guarantee for each adopter to read and sign. Under no circumstances will the Society pay for outside veterinary care.
18. No animals under the age of 6 months will be adopted out to families with children under 5 years of age for the safety and protection of the animal and children.

I have read the above and agree to the provisions stated.

Applicant: _____

Date: _____

Co Applicant: _____

Date: _____

Staff: _____

File # _____